Filing Company: Transamerica Life Insurance Company State Tracking Number: RPT-LTC 2011

Company Tracking Number:

TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other

Product Name: Long Term Care

Project Name/Number: Claims Denied Report/

# Filing at a Glance

Company: Transamerica Life Insurance Company

Product Name: Long Term Care SERFF Tr Num: AEGJ-128495278 State: Arkansas

TOI: LTC06 Long Term Care - Other SERFF Status: Closed-Accepted State Tr Num: RPT-LTC 2011

For Informational Purposes

Sub-TOI: LTC06.000 Long Term Care - Other Co Tr Num: State Status: Closed-Accepted for

Informational Purposes

Filing Type: Form Reviewer(s): Donna Lambert

Author: Jera Dawson Disposition Date: 06/22/2012

Date Submitted: 06/20/2012 Disposition Status: Accepted For

Informational Purposes Implementation Date:

Implementation Date Requested:

State Filing Description:

#### **General Information**

Project Name: Claims Denied Report

Project Number:

Requested Filing Mode:

Explanation for Combination/Other:

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Submission Type: New Submission Individual Market Type:

Overall Rate Impact: Filing Status Changed: 06/22/2012
State Status Changed: 06/22/2012

Deemer Date: Created By: Jera Dawson

Submitted By: Jera Dawson Corresponding Filing Tracking Number:

Filing Description:

Transamerica Life Insurance Company - Claims Denied Report

State Narrative:

# **Company and Contact**

#### **Filing Contact Information**

Jera Dawson, Jera.Dawson@transamerica.com

1900 L Don Dodson 817-285-3470 [Phone]

Bedford, TX 76021

Filing Company: Transamerica Life Insurance Company State Tracking Number: RPT-LTC 2011

Company Tracking Number:

TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other

Product Name: Long Term Care

Project Name/Number: Claims Denied Report/

**Filing Company Information** 

Transamerica Life Insurance Company CoCode: 86231 State of Domicile: Iowa

P O Box 93005 Group Code: 468 Company Type: Hurst, TX 76053-3005 Group Name: State ID Number:

(800) 553-7600 ext. [Phone] FEIN Number: 39-0989781

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# **Filing Fees**

Fee Required? No Retaliatory? No

Fee Explanation:

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

Transamerica Life Insurance Company \$0.00 06/20/2012

Filing Company: Transamerica Life Insurance Company State Tracking Number: RPT-LTC 2011

Company Tracking Number:

TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other

Product Name: Long Term Care

Project Name/Number: Claims Denied Report/

# **Correspondence Summary**

### **Dispositions**

| Status                     | Created By | Created On | Date Submitted |
|----------------------------|------------|------------|----------------|
|                            |            |            |                |
| Accepted For Donna Lambert |            | 06/22/2012 | 06/22/2012     |
| Informational              |            |            |                |
| Purposes                   |            |            |                |

Filing Company: Transamerica Life Insurance Company State Tracking Number: RPT-LTC 2011

Company Tracking Number:

TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other

Product Name: Long Term Care

Project Name/Number: Claims Denied Report/

# **Disposition**

Disposition Date: 06/22/2012

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

Filing Company: Transamerica Life Insurance Company State Tracking Number: RPT-LTC 2011

Company Tracking Number:

TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other

Product Name: Long Term Care

Project Name/Number: Claims Denied Report/

Schedule Item Status Public Access **Schedule** Schedule Item **Supporting Document** Flesch Certification No **Supporting Document** Application No **Supporting Document** Health - Actuarial Justification No **Supporting Document** Outline of Coverage No **Supporting Document** Claims Denied Report Accepted for No

Informational Purposes

Filing Company: Transamerica Life Insurance Company State Tracking Number: RPT-LTC 2011

Company Tracking Number:

TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other

Product Name: Long Term Care

Project Name/Number: Claims Denied Report/

## **Supporting Document Schedules**

Item Status: Status

Date:

Bypassed - Item: Flesch Certification

Bypass Reason: N/A

Comments:

Item Status: Status

Date:

Bypassed - Item: Application

Bypass Reason: N/A

Comments:

Item Status: Status

Date:

Bypassed - Item: Health - Actuarial Justification

Bypass Reason: N/A

Comments:

Item Status: Status

Date:

Bypassed - Item: Outline of Coverage

Bypass Reason: N/A

Comments:

Item Status: Status

Date:

Satisfied - Item: Claims Denied Report Accepted for Informational 06/22/2012

**Purposes** 

Comments:

Attachments:

state\_letter.07.AR.2011.pdf naic\_form.7.AR.2011.pdf



Home Office: Cedar Rapids, Iowa Long Term Care Division P O Box 93019 Hurst, TX 76053-3019

Telephone: 1-866-745-3542 Fax: (866) 630-7502

May 15, 2012

Jay Bradford Commissioner of Insurance -- State of Arkansas 1200 W. Third Street Little Rock, AR 72201-1904

Re: Claims Denied Report

Dear Mr. Bradford:

In compliance with the requirements to report denied claims under HIPAA, the number of LTC claims denied in 2011 is 39, which is 2.95% of 1321 claims paid in your state.

Please feel free to contact me if you have any questions.

Sincerely,

Carolyn Eickenberg Vice President, Claims

Carolyn J. Eichenburg

Long Term Care Division

# Claims Denial Reporting Form Long-Term Care Insurance

#### For the State of Arkansas For the Reporting Year of 2011

| Company Name: | Transamerica 1 | Life Insurance | Company | Due: June 30 annually |
|---------------|----------------|----------------|---------|-----------------------|
|               |                |                |         |                       |

Company Address: P.O. Box 93019, Hurst TX 76053-3019

Company NAIC Number: 468 86231

Contact Person: Carolyn Eickenberg Phone Number: 1-866-745-3542

Line of Business: X Individual Group

Instructions: The purpose of this form is to report all long-term care claim denials under in force long-term care insurance policies. Indicate the manner of reporting by checking one of the options below:

Per Claimant -- counts each individual who makes one or a series of claim requests

X Per Transaction -- counts each individual claim payment request.

"Denied" means a claim that is not paid for any reason other than for claims not paid for failure to meet the waiting period or because of an applicable preexisting condition. "Denied" does not include a request for payment that is in excess of the applicable contractual limit.

#### In - Force Data:

|  | State Data | Nationwide Data 1 |
|--|------------|-------------------|
| Total Number of In-force Policies (Certificates) as of | 1,990      | 311,037           |

|    |  | State<br>Data | Nationwide<br>Data 1 |
|----|--|---------------|----------------------|
| 1  | Total Number of Long-Term Care Claims Reported   | 1,321         | 157,056              |
| 2  | Total Number of Long-Term Care Claims Denied / Not Paid  | 166           | 13,528               |
| 3  | Number of Claims Not Paid due to Preexisting Condition Exclusion                                     | 0             | 0                    |
| 4  | Number of Claims Not Paid due to Waiting (Elimination) Period Not Met                                | 127           | 10,803               |
| 5  | Net Number of Long-Term Care Claims Denied for Reporting Purposes (Line 2 Minus Line 3 Minus Line 4) | 39            | 2,725                |
| 6  | Percentage of Long-Term Care Claims Denied of Those Reported (Line 5 Divided By Line 1)              | 2.95%         | 1.74%                |
| 7  | Number of Long-Term Care Claim Denied due to:  |               |                      |
| 8  | Long-Term Care Services Not Covered under the Policy 2   | 2             | 248                  |
| 9  | Provider / Facility Not Qualified under the Policy 3   | 11            | 533                  |
| 10 | Benefit Eligibility Criteria Not Met 4   | 0             | 98                   |
| 11 | Other  | 26            | 1,846                |

<sup>1</sup> The nationwide data may be viewed as a more representative and credible indicator where the data for claims reported and denied for your state are small in number.

<sup>2</sup> Example--home health care claim filed under a nursing home only policy.

<sup>3</sup> Examples--a facility that does not meet the minimum level of care requirements or the licensing requirements as outlined in the policy.

| 4 Examplesa benefit trigger not met, cerification by a licensed health care practioner not provided, no plan of care. |  |
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